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CONFIRMATION NO. 6607

SERIAL NUMBER 10/783,727	FILING OR 371(c) DATE 02/20/2004 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 065339-0001
APPLICANTS Adil Jamal Akhtar, West Bloomfield, MI; Syed Abid Mahmood, West Bloomfield, MI;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/14/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY MI	SHEETS DRAWING 7	TOTAL CLAIMS 87
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 6		
ADDRESS 26127				
TITLE Drug delivery device				
FILING FEE RECEIVED 1117	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	